



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CIVIL RIGHTS
DETROIT

JOHN E. JOHNSON, JR.
EXECUTIVE DIRECTOR

March 10, 2023

Stacey R. Smith
855 Kalamazoo Ave SE
Grand Rapids, MI 49507

RE: MDCR #: 632384
Stacey R. Smith v Kellogg Company

Dear Stacey R. Smith:

Enclosed is your formal complaint form. In the presence of a Notary Public, please date and sign the form at the bottom where it says "Signature of Charging Party / Claimant". **Except for your signature, please do not write on this form.**

If changes or corrections are necessary, notify me and a corrected complaint form will be mailed to you.

I must receive your signed and notarized complaint by March 8, 2023, or I will assume you do not wish to pursue this matter.

You have 180 days from the alleged incident to file a complaint with Michigan Department of Civil Rights (MDCR) and 300 days to file with Equal Employment Opportunity Commission (EEOC). If your complaint is returned and is untimely for MDCR, we may still be able to file it with EEOC as long as it meets EEOC 300-day statute of limitations.

If you have any questions, please contact me.

Sincerely,

Tracy Miller
Civil Rights Claim Examiner
Phone: 313-456-3706
Fax: 313-456-3701
Email: MillerT58@michigan.gov

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; see Privacy Act Statement on reverse before completing this form.

COMPLAINT/CHARGE NUMBER

MDCR #: 632384

EEOC #:

MICHIGAN DEPARTMENT OF CIVIL RIGHTS and THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**NAME (Indicate Mr., Ms., Mrs.)**

Stacey R. Smith

TELEPHONE NO. (Include Area Code)

231-399-2695

STREET ADDRESS, CITY, STATE AND ZIP CODE

855 Kalamazoo Ave SE, Grand Rapids, MI 49507

Named is the employer, labor organization, employment agency, apprenticeship committee, state or local government agency who discriminated against me.**NAME**

Kellogg Company

EMPL/MEMBERS

100

TELEPHONE NO. (Include Area Code)

616-247-4841

STREET ADDRESS, CITY, STATE AND ZIP CODE

310 28th Street SE, Grand Rapids, MI 49548

CAUSE OF DISCRIMINATION BASED ON

Race

DATE OF MOST RECENT OR CONTINUING DISCRIMINATION

November 20, 2022

I am Black and I believe on November 20, 2022, I was discharged due to my race.

I was hired by the respondent on April 25, 2022, and last worked as a Production Associate located at 310 28th SE Street in Grand Rapids, Michigan.

Discharge 11/20/2022 **Race**

On November 19, 2022, I was supposed to be trained by a coworker, who refused to conduct the training. I told the scheduler what happened, and they told me to leave for the day. When I arrived for my shift on November 20, 2022, my access to the building was locked. I believe I was discharged due to my race.

This complaint is based on the following law:

Elliott-Larsen Civil Rights Act No 453, Public Act of 1976, as amended
Title VII, US Civil Rights Act of 1964, as amended

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number, and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

03-29-23

Date

Signature of Charging Party / Claimant

NOTARY (When necessary to meet State and Local Requirements)**SUBSCRIBED AND SWORN BEFORE ME THIS DATE (Day, month and year)**

Commissioned in

Acting in

Commission expires

MARCH 09, 2023
SHONDA JAMES
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF KENT
MY COMMISSION EXPIRES 08/05/2026
Acting in the County of

County

County

March 10, 2023

Stacey R. Smith
855 Kalamazoo Ave SE
Grand Rapids, MI 49507

RE: MDCR Case#: 632384
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Request for First Class Mail Delivery

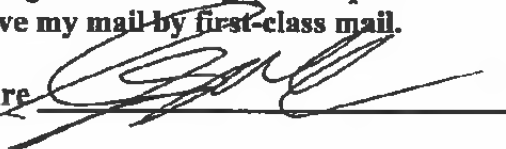
I request that the Michigan Department of Civil Rights send all documents to me via first-class mail to the address I provided. I understand I should receive first-class mail within ten days after it is mailed.

I am aware that Michigan Civil Rights Commission Rules may require sending me certified mail, return receipt requested. However, this type of mailing requires someone be present to sign for the mail at the time of delivery. For my convenience, I waive certified mailings and request documents be sent to me by first-class mail to the address I have identified.

I understand that if I change my mind, I will notify the Michigan Department of Civil Rights in writing to send required documents by certified mail, return receipt requested. The MDCR will notify me in writing when this change has been processed.

By signing and returning this Request to the Michigan Department of Civil Rights, I agree to receive my mail by first-class mail.

Signature



Date

03-29-23

Please mail this form to:

Tracy Miller
Civil Rights Claim Examiner
Phone: 313-456-3706
Fax: 313-456-3701
Email: MillerT58@michigan.gov

PRIVACY ACT STATEMENT

(This form is covered by the Privacy Act of 1974, Public Law 93-579: Authority for requesting the personal data and the uses are given below.)

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, CHARGE OF DISCRIMINATION, March 1984.
2. **AUTHORITY.** 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626.
3. **PRINCIPAL PURPOSE(S).** The purpose of the charge, whether recorded initially on this form or in some other way reduced to writing and later recorded on this form, is to invoke the jurisdiction of the Commission.
4. **ROUTINE USES.** This form is used to determine the existence of facts which fall within the Commission's jurisdiction to investigate, determine, conciliate and litigate charges of unlawful employment practices. Information provided on this form will be used by Commission employees to guide the Commission's investigatory activities. This form may be disclosed to other state, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. A copy of this charge will ordinarily be served upon the person against whom the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.** Charges must be in writing and should identify the parties and action or policy complained of. Failure to have a charge which identifies the parties in writing may result in the Commission not accepting the charge. Charges under Title VII must be sworn to or affirmed. Charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to provide the requested information.
6. **Under Section 706 of Title VII of the Civil Rights Act of 1964, as amended, this charge will be deferred to and will be processed by the State or local agency indicated. Upon completion of the agency's processing, you will be notified of its final resolution in your case. If you wish EEOC to give Substantial Weight Review to the agency's findings, you must send us a request to do so, in writing, within fifteen (15) days of your receipt of the agency's finding. Otherwise, we will adopt the agency's finding as EEOC's and close your case.**

NOTICE OF NON-RETALIATION REQUIREMENTS

Section 704(a) of the Civil Rights Act of 1964, as amended, and Section 4(d) of the Age Discrimination in Employment Act of 1967, as amended, state:

It shall be unlawful employment practice for an employer to discriminate against any of his employees or applicants for employment, for an employment agency to discriminate against any individual, or for a labor organization to discriminate against any member thereof or applicant for membership, because he has opposed a practice made an unlawful employment practice by this title or because he has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.

The Equal Pay Act of 1963 contains similar provisions. Persons filing charges of discrimination are advised of these Non-Retaliation Requirements and are instructed to notify EEOC if any attempt at retaliation is made.

Transmission Report

Date/Time
Local ID 1

03-15-2023
123

11:15:17 a.m.

Transmit Header Text
Local Name 1

Fax

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"



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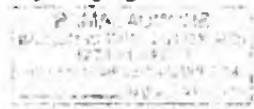
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(RM 10) (REV 09-2021)

Detroit Office: 3054 West Grand Boulevard, Suite 3-600 Detroit, MI 48201
www.michigan.gov 313-456-3700

Total Pages Scanned : 33

Total Pages Confirmed : 33

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	099	3134563701	10:40:47 a.m. 03-15-2023	00:26:08	33/33	1	G3	HS	CP14400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct